

BACTERIOLOGICAL REPORT

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I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #:		PWS Name:	NORTH READING WATER DEPARTMENT	City/Town:	NORTH READING, MAS	Class:	COM	<input type="checkbox"/>	NTNC	<input type="checkbox"/>	TNC	<input type="checkbox"/>
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II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted? (Y/N):

Analysis Lab MA Cert.#:	MA-005	Analysis Lab:	Andover Water Plant Lab
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☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction (2) Collection Date of Original Sample:

TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method
9223B	9223B		9215B

Lab Sample Notes:

[illegible]

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan

² SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.

³ Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample

Report as #/100 mL, P (present), A (absent), or Too Numerous To Count; TNTC-I (invalid) or TNTC-P (present).

⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Laboratory Authorized Signature and

Date:

at E.Coli or fecal positive results by the end of the business day.

Alon Caplan 6/4/15

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:

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PWS ID #: PWS Name: NORTH READING WATER DEPARTMENT City/Town: NORTH READING, MAS Class: COM ☐ NTNC ☐ TNC ☐

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted? (Y/N):

Analysis Lab MA Cert.#:	MA-005	Analysis Lab:	Andover Water Plant Lab
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TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method	Lab Sample Notes:
9223B	9223B		9215B	

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Laboratory Authorized Signature and Date:

Date _____

Repeat E.Coli or fecal positive results by the end of the business day.

Alan Canino 6/11/15

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:

BACTERIOLOGICAL REPORT

I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #: **3213000** PWS Name: **NORTH READING WATER DEPARTMENT** City/Town: **NORTH READING** Class: COM ☐ NTNC ☐ TNC ☐

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted? (Y/N):

Analysis Lab MA Cert.#:	MA-005	Analysis Lab:	Andover Water Plant Lab
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TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method	Lab Sample Notes:
9222B+9223B			9215B	

[illegible]

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Laboratory Authorized Signature and

Date:

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Ala Cuylo 6/11/15

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:

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Analysis Lab MA Cert.#:	MA-005	Analysis Lab:	Andover Water Plant Lab
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Laboratory Authorized Signature and

Date:

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Alan Canino 6/25/15

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments: